

TULIP Instructions

TULIP ensures that you are protected from liability related to injuries and damage that may occur at your event or activity. **Without TULIP, you may be personally responsible for the payment of claims for bodily injury or property damage.**

To get a free quote, or to purchase TULIP insurance, please visit:

www.onebeaconentertainment.com/tulip and click on 'Purchase or Quote'

Step 1:

Enter facility code: **0501 – aax**

Step 2:

Describe your event

1 Confirm Your Venue

Enter your Venue ID Code:

Your venue needs to be a participating facility. If your venue did not provide you with a Vendor ID Code, call 1-800-507-8414. You may also try to locate your venue using the search below.

Or search for your Venue:

The address shown below may be the mailing address for the venue and not the address where the event is being held.

OR - Hillsboro

150 E Main Street

Hillsboro, OR 97123

The address: 150 E Main Street is correct- it is the address for the 'City of Hillsboro' and the facility you are renting is owned by the City of Hillsboro.

2 Enter Your Event Details

Select your event from the list of eligible activities below:

Any event not listed in the eligible activity list does not qualify for the Tulip program. [View the list of ineligible events.](#)

☐ Yes ☒ No Have you held this event before?

☐ Yes ☒ No If yes, were there any losses or claims?

☐ Yes ☒ No Will there be armed private security at this event?
Off duty policy are not considered armed security.

☐ Yes ☒ No Are you a promoter?
A promoter is a company in the business of financing or organizing events for profit. One who assumes the financial responsibilities of the event.

Step 3:

Get your quote

Select the dates for your event:

September 2013 | October 2013

Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7	29	30	1	2	3	4	5
8	9	10	11	12	13	14	6	7	8	9	10	11	12
15	16	17	18	19	20	21	13	14	15	16	17	18	19
22	23	24	25	26	27	28	20	21	22	23	24	25	26
29	30	1	2	3	4	5	27	28	29	30	31	1	2
6	7	8	9	10	11	12	3	4	5	6	7	8	9

* Event name: Event length:

☐ Yes ☒ No* Do you require liquor liability coverage?
If you are selling liquor at your event, select this coverage. If you are providing...

* Average daily attendance?

Complete this section only if vendors participating in your event do not carry their own insurance. This coverage offers protection for you should a claim arise as a result of the vendor's negligence.

How many concessionaires will sell food products?

How many concessionaires will sell non-food products?

How many exhibitors that **do not** sell products or services?

How many attractions will be there, including performers?

*Please include the facility renter's last name & rental number in the title of your event.

*List the maximum attendance.

*This question refers to additional insurance - **You do not need to purchase additional liquor liability in order to serve alcohol at your event.** Click 'no' unless instructed to do otherwise by Parks staff.

*There is no vending (sales of goods, foods, concessions or entertainment) allowed at City of Hillsboro facilities.

*Click 'Get Quote' to view estimated purchase price.

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Step 4:

Enter Contact Information

3
Premium Quote and Contact Information

Your estimated premium is: **\$134.00**

Any changes made to your event after the premium has been quoted could change the premium and will need to be requested.

Enter the tenant user information:

The renter of the facility is: ☐ a company ☒ an individual

* First name:

* Last name:

* Address 1:

Address 2:

* City:

* State:

* Zip / Postal Code:

Country:

Step 5:





Enter Payment Information

Payment Details

Total Amount \$ 134.00

All fields in bold are required.

☒ Credit Card

Credit Card Type

Credit Card Number

Expiration Date

☒ Check

Account Number [What's this?](#)

Routing Number

Account Type

Check Number

Driver's License / State

Date of Birth (yyyy-mm-dd)

By entering my account number above and clicking Authorize, I authorize my payment to be processed as an electronic funds transfer or draft drawn from my account. If the payment is returned unpaid, I authorize you or your service provider to collect the payment and my state's return item fee by electronic funds transfer(s) or draft(s) drawn from my account. [Click here to view your state's returned item fee.](#) If this payment is from a corporate account, I make these authorizations as an authorized corporate representative and agree that the entity will be bound by the NACHA operating rules.

Authorize ☐

Step 6:

Enter Billing Information

Authorize

Billing Information

First/Last Name

Company

Street Address 1

Street Address 2

City/State/Postal Code

Country

Phone Number

Email Address

Policy Number

Producer Code

*The **Tenant User** is the person who renting the facility (signed the contract)

*The **Contact Information** can either be the Tenant User, or someone else, such as:
A wedding planner, father of the bride, etc.

*Anyone can purchase the insurance for the Tenant User, the person paying does not need to be insured, or affiliated with the rental.

* Billing information must match payment information.